

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 1412939/35 FILING DATE

APPLICANT(S)

151101

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52	/				
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100					
TOTAL IND.	2				
TOTAL DEP.	17				
TOTAL CLAIMS	19				